



STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

 Month Quarter Ending

M	M	/	Y	Y

HAWAII TAX I.D. NO. W — Last 4 digits of your FEIN or SSN

NAME: _____

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

TOTAL WAGES PAID
(include COLA)

TOTAL TAXES WITHHELD

FOR	PENALTY
LATE	_____
FILING	_____
ONLY	INTEREST

AMOUNT OF PAYMENT

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write "HW", the filing period, and your Hawaii Tax I.D. No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

Electronic Filing
www.ehawaii.gov/efile
 Safe. Easy.

SIGNATURE	DATE
TITLE	

— MAILING ADDRESS —
 HAWAII DEPARTMENT OF TAXATION
 P.O. BOX 3827
 HONOLULU, HI 96812-3827